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Congress of the United States House of Representatives Washington, DC 20515

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The Honorable Denis McDonough Secretary U.S. Department of Veterans Affairs 810 Vermont Avenue NW Washington, D.C. 20420

The Honorable Lloyd Austin III Secretary U.S. Department of Defense 1300 Defense Pentagon Washington, D.C. 20301

Dear Secretaries McDonough and Austin:

The Departments of Veterans Affairs (VA) and Defense (DoD) have a long history of claiming the best interest of our veterans and servicemembers only to deny the reality of medical marijuana as a key treatment option for those impacted by post-traumatic stress disorder (PTSD). The updated June 2023 VA/DoD Clinical Practice Guideline for Management of Posttraumatic Stress Disorder and Acute Stress Disorder perpetuate this misguided denial of services to our nation's veterans. For decades, I have heard from veterans across the country that medical cannabis has been a life-saving treatment for PTSD. I urge you to reconsider the antiquated and insufficient recommendation "against the use of cannabis or cannabis derivatives in treating patients with PTSD."

To date, 38 states have adopted medical marijuana programs in recognition of marijuana's medical use in treatment for numerous conditions. Many veterans report using cannabis for medical purposes as a substitute for prescription drugs² and their side effects. Additionally, the VA National Center for PTSD has already acknowledged that veterans use cannabis to relieve symptoms of PTSD and that in many states PTSD is a qualifying condition for enrollment in medical cannabis programs.³ Just last month, new research found veterans reported medical cannabis "helped them to experience a greater quality of life and... reported using fewer opioids as a result of their medical cannabis use."⁴

¹ VA/DoD Clinical Practice Guideline for Management of Posttraumatic Stress Disorder and Acute Stress Disorder (2023). Department of Veterans Affairs, Department of Defense.

https://www.healthquality.va.gov/guidelines/MH/ptsd/VA-DoD-CPG-PTSD-Full-CPG.pdf

² Loflin, M. J. E., Babson, K., Sottile, J., Norman, S. B., Gruber, S., & Bonn-Miller, M. O. (2019). A cross-sectional examination of choice and behavior of veterans with access to free medicinal cannabis. *The American journal of drug and alcohol abuse*, pubmed.ncbi.nlm.nih.gov/31135227/.

³ Office of Research & Development, U.S. Department of Veterans Affairs (2017). *Study data lacking on benefits and risks of medical marijuana for chronic pain and PTSD*. https://www.research.va.gov/currents/0817-benefits-and-risks-of-medical-marijuana.cfm

⁴ McNabb, M., Durante, K., Trocchio, S., Brum, A., Mandile, S., White, S. (2023). Self-reported Medicinal Cannabis Use as an Alternative to Prescription and Over-the-counter Medication Use Among US Military Veterans. *Clinical Therapeutics*. https://www.clinicaltherapeutics.com/article/S0149-2918(23)00133-9/fulltext.

Further, Congress and President Biden recognized the medical use of marijuana and supported health care providers' consideration of this treatment option by enacting the Medical Marijuana and Cannabidiol Research Expansion Act (Pub. L. 117-215), which includes explicit protection for state-licensed providers to discuss marijuana as a treatment option for patients. Given these significant developments, it is irresponsible for VA and DoD to continue to deny patients access to medical marijuana as a treatment option based on the myth that this substance does not have accepted medical use.

As your guidance references, the failed federal prohibition on research unduly deters our nation's ability to study the health impacts of marijuana. This prohibition has not prevented states from pushing forward to establish these programs. It's unacceptable that veterans are denied this treatment option that's available to patients outside the VA system. Continuing to force veterans outside of VA care in order to get complete information on medical marijuana as a treatment option does a disservice to those suffering wounds, visible and hidden, from their service to our nation.

It is past time for VA and DoD to become better partners in the path forward on this issue for our veterans. Instead of blocking veterans from equal access to this treatment option for PTSD, VA and DoD should participate in the additional research we owe to patients and the public. I urge you to rethink the detrimental guidance against providers serving their patients to the best of their ability where medical marijuana is authorized and regulated by their states.

Sincerely,

Earl Blumenauer Member of Congress